

# OnTrackNY@MHA: An Early Intervention in Psychosis

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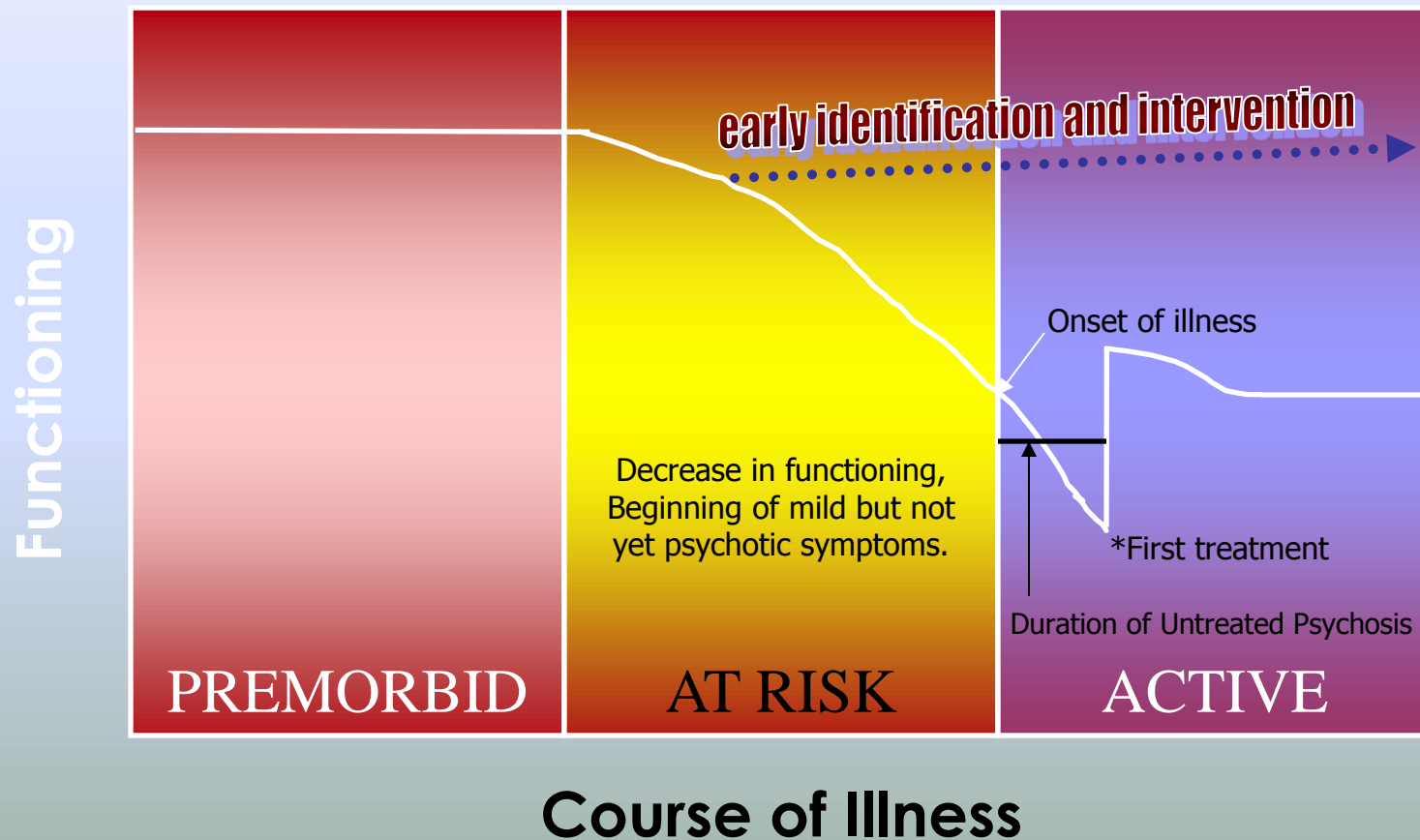
# Overview

- Describing psychosis
- Early Intervention
- Signs/Symptoms of Early Psychosis
- MHA
- OnTrackNY Model

# What is Schizophrenia?

- Negative Symptoms
- Delusions
- Hallucinations
- Disorganized speech and behavior
- Impairment/distress for 6 months
- Negative Symptoms
- (neurocognitive impairment)

# Phases of Schizophrenia



Source: (Walsh, 2013)

# Early Intervention

- RCTs indicate that specialized early intervention leads to decreased symptomatology, substance use, and hospitalization, and increased treatment adherence, treatment satisfaction, and GAF scores (Craig et al., 2004; Petersen et al., 2005, Hastrup et al., 2013).
- Evidence for the effectiveness of ACT, CBT, family psychoeducation, group treatment, and vocational programs (Killackey, 2009; Hastrup et al., 2013; McFarlane et al., 2012; Saks et al., 2009)
- Research on patients with chronic SMI indicates that increased service utilization is associated with better outcomes (Fischer et al., 1996; Killaspy et al., 2000), but research exploring this association among patients with early psychosis is limited

# What do specialized programs look like?

- Comprehensive assessments
- Multidisciplinary teams
- Continuity of care
- Strong family involvement
- Case management
- Management of secondary morbidity
- Drop in Center

# Signs and Symptoms

- Changed behavior
- Difficulty Concentrating
- Less energy
- Nervousness or short temper
- Increased sensitivity to sound or light
- A strong desire to be left alone

# Common Pitfalls...

- Assuming that behavior is due to adolescence
- Attributing changed behavior to depression
- Being confrontational
- Attributing negative symptoms to “laziness”
- Ignoring warning signs



# Early Intervention Resources in Tri-State Area

- OnTrackNY (Four Demonstration Sites):
  - MHA Westchester
  - LIJ
  - New York Presbyterian
  - Kings County Hospital
- PEER Program at St. Luke's Roosevelt Hospital
- COPE Program at New York State Psychiatric Institute (Upper Manhattan) \*
- RAP Program at Zucker-Hillside Hospital (Long Island) \*
- PRIME Research Clinic (New Haven) - (866) 287-7463 \*

\*Research only

# The Reality

- There are few resources in Upstate New York
- However, if a specialized program doesn't exist, some key features are:
  - Recovery orientated
  - Belief in working closely with families
  - Knowledge of antipsychotics
  - An understanding of the pitfalls of polypharmacy



My health. My choices. My future.

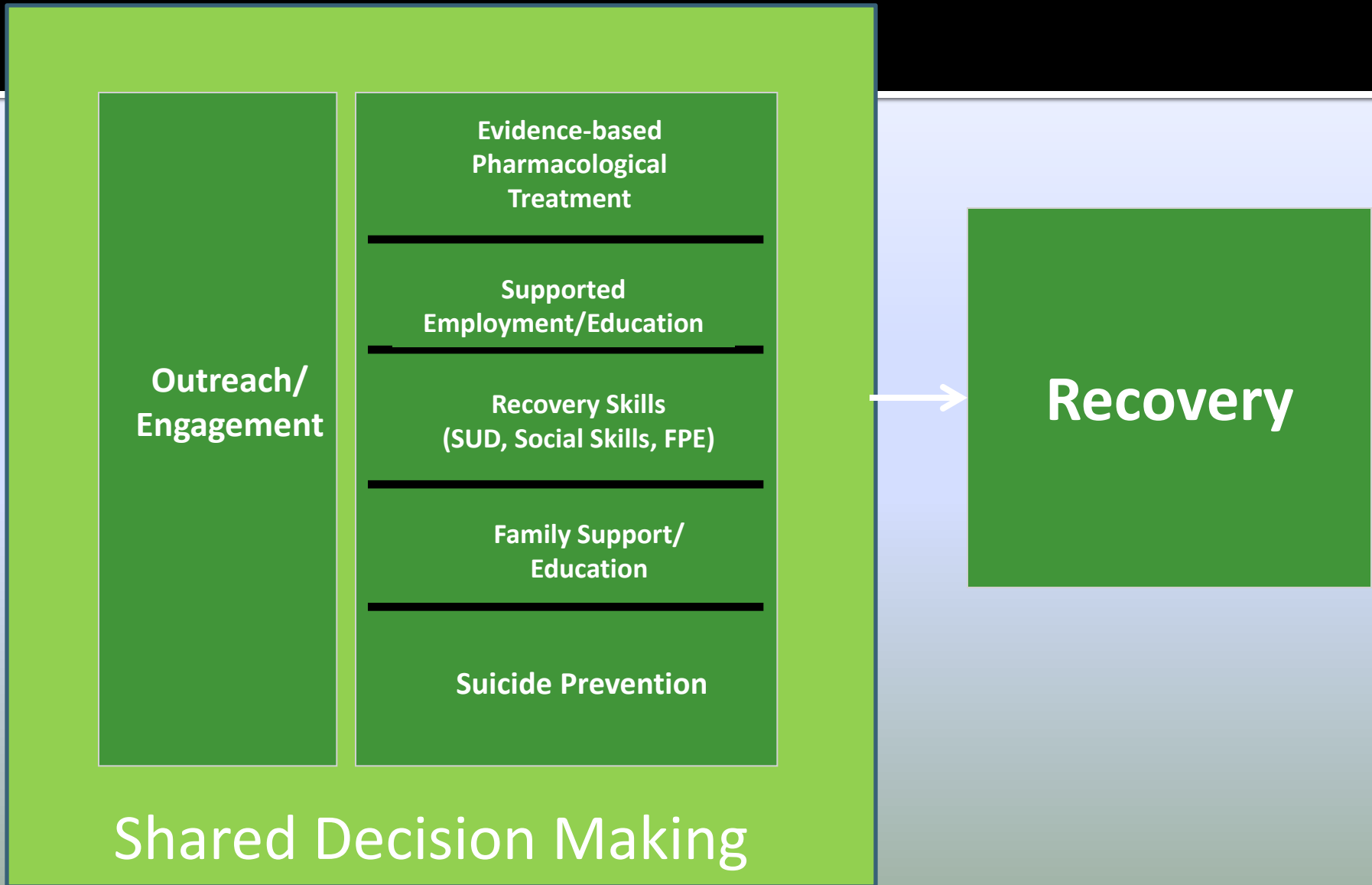
# MHA

- The Mental Health Association of Westchester
  - Established in 1956, to address the needs of WWII Veterans
  - Currently services 4,500 consumers in the county of Westchester per year
  - Approximately 30 FTE clinicians
  - Has locations throughout Westchester
  - Diverse programs such as WAIVER, ACT Team, Home-based therapy, Sex-offender program, Outpatient clinic, among others

# OnTrackNY: Overview

- Multi-disciplinary team grounded in Critical Time Intervention model
- Multi-element (e.g. psychiatric care and medications, case management, supported education/employment, skills and SA treatment, family support, suicide prevention)
- Developmentally flexible (teams serve youth and young adults age 16-30)
- Non-stigmatizing space
- Culturally flexible
- 3.5 FTE
- Capable of outreach, but largely office based

# Overall Framework



# Critical Time Intervention

- Critical Time Intervention (CTI) provides the major organizing structure to the activities of OnTrackNY.
- CTI is a time-limited, three phased yet flexible case management intervention designed to enhance continuity of support during a “critical time” for youth and adults with serious mental illness.
- Three guiding strategies within CTI as applied to OnTrackNY include: (1) Assertive outreach and ongoing engagement, (2) ongoing in vivo assessment, and (3) a time-limited approach.

# Clinical Concepts

- Recovery
  - Contextualize FEP within age-appropriate questioning about role in life
  - Walk with the client
- Shared Decision Making
  - Collaborative treatment planning with the young adult and family member
  - SDM reinforces the message that the young person experiencing FEP *is an active force* in recovery journey
  - Controlled trials show positive results (Kreyenbuhl, Nossel, & Dixon, 2009)
- Fostering Autonomy and Remaining Available



# Recovery for Young People

- Reduce stigma and emphasize resilience and an active individual recovery journey for young consumer
- Focus on what consumers can and would like to do
  - Support vocational goals
  - Support educational goals
  - Support social goals
- Provide same recovery messages to support network
- Enhance engagement with consumer and family through consistent message of hope

# Major Focus Areas

- Medication Adherence and Medical Care
- Supported Education and Employment
- Family Support and Intervention
- Illness Self-Management and Recovery
- Social Skills Training, Substance Use/Abuse Treatment, Coping Skills Training, Behavioral Activation
- Housing and Income
- Trauma-Informed Care
- Safety Planning and Suicide Prevention

# 3 Phase OnTrackNY Process

Phase 1: Engagement with Team and Initial Needs Assessment	Phase 2: Ongoing Intervention and Monitoring	Phase 3: Identification of Future Needs and Services Transition
Months 1-2	Months 3-18	Months 19-24

# Contact Information

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